Meeting Date	**29 July 2021**		**Agenda Item**	**5.1**
Report Title	**Findings of the Board Effectiveness Programme**			
Report Author	Liz Stauber, Head of Corporate Governance			
Report Sponsor	Pam Wenger, Director of Corporate Governance			
Presented by	Pam Wenger, Director of Corporate Governance			
Freedom of Information	Open			
Purpose of the Report	The purpose of the report is to set out the findings of the board effectiveness process for 2020-21 and compare it with those of the previous survey.			
Key Issues	The findings of the assessment are set out below along with a comparison of progress against the results of 2018-19, the last time this process was undertaken. While this does provide some indication of improvement or deterioration, it is important to note that this year's matrix was strengthened and streamlined to make the process more robust, so the findings are not like for like.			
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☐	☒
Recommendations	Members are asked to: • **DISCUSS** the findings of the board effectiveness assessment; • **CONSIDER** and **AGREE** the proposed action plan.			

FINDINGS OF THE BOARD EFFECTIVENESS PROGRAMME

1. INTRODUCTION

The purpose of the report is to set out the findings of the board effectiveness process for 2020-21 and compare it with those of the previous survey.

2. BACKGROUND

As part of the annual governance statement, the board is required to undertake an assessment of its effectiveness throughout the year in terms of governance and internal controls. The process could not be undertaken for 2019-20 but it has been completed for 2020-21 due to the pandemic. The process was undertaken virtually, with the matrix (appendix one) circulated in advance and then members asked to vote on the board's current position for each criteria via the message function on Microsoft Teams. Each set of results was discussed before moving on to the next one.

3. GOVERNANCE AND RISK ISSUES

The findings of the assessment are set out below along with a comparison of progress against the results of 2018-19, the last time this process was undertaken. While this does provide some indication of improvement or deterioration, it is important to note that this year's matrix was strengthened and streamlined to make the process more robust, so the findings are not like for like.

(i) Purpose and Vision

Scores:

Basic Level: 6% Early Progress: 20% Results: 60% Maturity: 13% Exemplar: 0%

2018-19 Comparison: ➡

- The vision for the longer-term future was only just coming together so it was challenging to say that results were being consistently achieved;
- 87% of the vote was shared by 'early progress' and 'results' which implied that there was more work to be done. In order to reach 'maturity', progress needed to be more consistent;
- The executive team was in the process of being finalised and this was an important factor to take into consideration.

ACTION – vision, strategy and costs for the executive team arrangements be clarified to enable to the Board to move towards delivery of the recovery and sustainability plan for the next three years (Chief Executive by August 2021).

(ii) Values and Behaviours

Scores:

Basic Level: 0% Early Progress: 11% Results: 82% Maturity: 5% Exemplar: 0%

2018-19 Comparison: new category

- The health board was in the process of implementing the 'Just Culture' programme;
- The values had been co-produced with staff but as the process been four years ago, it would benefit from a refresh;

- There were some areas of the health board's wellbeing programme which were exemplars such as the leadership programmes and the values framework, but there were others which required improvement, including the implementation of Just Culture;;
- More work was needed to enable health board to progress to 'maturity';
- One area covered by the values was 'Always Improving' and the health board moving towards being a constantly improving service – with the 'Just Culture' programme an example.

ACTION – the organisational cultural survey combined with the public sector and staff surveys to be used to establish how the values are embedded in the organisation (Director of Workforce and OD by October 2021);

ACTION – Just Culture and other programmes to be incorporated into a single Swansea Bay organisational development programme, with progress measured through the Workforce and OD Committee (Director of Workforce and OD by October 2021).

(iii) Board Assurance and Risk Management

Scores:

Basic Level: 12% Early Progress: 25% Results: 62% Maturity: 0% Exemplar: 0%

2018-19 Comparison: ⬆

- Development of the board assurance framework was a significant milestone but it still needed work to ensure full implementation and continuing maturity;
- It was important to remember the improvement made based on the position from which the board started a few years ago;
- More alignment was needed with strategic objectives and critical success factors with the board agreeing what objectives it would want to achieve and how these would be measured.

ACTION – finalise and embed the board assurance framework (Director of Corporate Governance by July 2021);

ACTION – further develop the approach to risk and mitigation, including a Board debate on risk appetite (Director of Corporate Governance by July 2021);

ACTION – both the risk register and board assurance framework to be driving board committee agendas and terms of reference (Director of Corporate Governance by March 2022);

(iv) Governance

Scores:

Basic Level: 0% Early Progress: 77% Results: 22% Maturity: 0% Exemplar: 0%

2018-19 Comparison: ➡

- Progress against the plans was starting to be evident when considering the low level at which the health board started.
- It would be useful to reflect on governance arrangements established during the pandemic in due course.

ACTION – governance arrangements established as part of the pandemic be reviewed to improve internal systems, including the redesign of committees to

focus on key priorities relating to recovery, sustainability and annual plan deliverables (Director of Corporate Governance by July 2021).

(v) Quality

Scores:

Basic Level: 0% Early Progress: 83% Results: 16% Maturity: 0% Exemplar: 0%

2018-19 Comparison: ➡

- There were aspects of good governance and quality across the organisation but how this is embedded and disseminated on a daily basis is critical, as is engagement with those within the services;
- Consideration was required as to how to manage the performance information received by the Performance and Finance Committee to provide the quality aspects needed by the Quality and Safety Committee, as currently these only became evident through a discussion as both committees received the same report. Detailed quality metrics would be needed in the longer-term;
- Having five quality priorities within the annual plan 2021-22 on which to focus would help drive improvement;
- It was unlikely that staff knew a quality strategy was in place and this emphasised the challenges that the organisation faced.

ACTION – a dashboard be developed which sets out the quality impacts of performance for patients (Director of Finance by August 2021);

ACTION – the quality strategy be developed, taking into account consideration of the impact of the new Quality Bill and key areas of quality (Director of Nursing and Patient Experience by October 2021);

(vi) Money/Value for Money

Scores:

Basic Level: 16% Early Progress: 66% Results: 16% Maturity: 0% Exemplar: 0%

2018-19 Comparison: ➡

- Improvements were being made in terms of costings and quality of plans but there was more to do and this current year would provide further opportunities;
- 'Value' should be considered, as well as 'money', to ensure the right outcomes were being achieved.

ACTION – consideration be given by the Performance and Finance Committee to the action and assurance needed to progress to the next matrix level;

ACTION – greater assurance to be provided to the Board as to the identification and delivery of cost improvement schemes (CIPs);

(vii) Performance Reporting

Scores:

Basic Level: 16% Early Progress: 66% Results: 16% Maturity: 0% Exemplar: 0%

2018-19 Comparison: ⬆

- The performance management framework would support progress over the coming year;

- Performance data was of a good quality when the full breadth was taken into account across the organisation. It was how the information was used that was important and whether it facilitated change;
- There were some gaps, such as primary care data, and measures which needed to be developed further to broaden discussions;
- The health board was responsible for health and wellbeing more widely, not just hospitals, and while the fundamentals of the data were good, it would be useful to manage primary care data in a way that was mutually beneficial;
- A broader view was needed of the critical success factors on which the health board wanted to focus for the corresponding data to be co-produced.

ACTION – the performance management framework be implemented (Director of Finance by July 2021);

ACTION - roles of the committees (Performance and Finance, Workforce and Quality and Safety) to be re-focused to support the performance management framework. Performance and Finance Committee to focus on operational performance, use of workforce and money; Quality and Safety Committee on patient access, experience and outcomes and Workforce and OD on strategic workforce and organisational development (Director of Corporate Governance by October 2021).

(viii) Patient and Public Engagement and Involvement

Scores:

Basic Level: 50% Early Progress: 50% Results: 0% Maturity: 0% Exemplar: 0%

2018-19 Comparison: ⬆

- More routine engagement was needed. The health board had strong expertise, but the resources available currently only had capacity to undertake statutory requirements;
- This was an area in which the health board could improve as it was less about strategy and more about acknowledging that there were questions to which people required answers;
- There were low survey returns for what people felt of GP services and this was an issue, as primary care was the point at which most patients started their journeys;
- There was value in having the opinions of professional lay people as well as clinicians as this would lead to different outcomes. There was a powerful relationship between clinicians and patients which often made the latter discouraged to engage so discussions were better informed through the involvement of lay people.

ACTION – Director of Communications to review engagement strategy and resources to improve engagement and service change in 2021-22 (by September 2021);

ACTION - commencement of a holistic approach to engagement, communication and involvement of the public including experience, complaints, engagement, involvement and regular communication with the public (Director of Communications by January 2022).

(ix) Appraisal Process of Directors and Other Feedback

Scores:

Basic Level: 17% Early Progress: 83% Results: 0% Maturity: 0% Exemplar: 0%

2018-19 Comparison: ⬆

- A development programme would be of benefit going forward and this was in train.

ACTION – board development programme be established by the Director of Corporate Governance in quarter two (including specific board level training, away days and briefings programme) (by October 2021).

ACTION – executive development programme to be developed alongside the wider board development (Director of Corporate Governance by October 2021)

(x) Next steps

- An action plan for the areas identified to be taken forward and monitored through the Audit Committee for progress (appendix two);

In summary, progress had been made, but in order to achieve higher maturity scores, this needed to be on a more consistent basis. Substantive appointments to the executive team would support the work needed going forward, as would the implementation of the board assurance framework. Consideration was needed as to how best to present information for assurance to be sought and received, particularly in terms of quality and the views of staff and stakeholders would be key to identifying priority areas not currently considered by the board.

There are a number of actions which are already in progress through the delivery of the annual plan. Progress against these should enable the board to develop its maturity. These, plus the additional priorities proposed for the board for the next 12 months are set out in appendix one.

Outcome of Scrutiny and Challenge Session

In June 2021, as part of the board development programme, a session on scrutiny and challenge was facilitated by NHS Providers. This covered the key elements and enablers of challenge and the approaches to doing this effectively. Proposed actions from this session to further develop the board are:

- Board should start where committees end:
  - (i) More comprehensive update from committees at board. What did they challenge and what assurances did they receive?
  - (ii) Papers to be clear, with trends and future focused;
  - (iii) All board members expected to fully read all papers;
  - (iv) Because papers are clearer, executive introduction should be very limited (30 seconds introduction) allowing for greater discussion;

- At the end of a discussion, members should ask themselves “so what”?

- Re-circulate the slide on powerful questions to support more effective challenge in meetings. Powerful questions:
  - (i) Generate curiosity and invite creativity

(ii) Focus inquiry and stimulate reflective conversations
(iii) Are thought provoking and surface underlying assumptions

- Undertake a review of our minutes – do they provide an adequate evidence base?

- Ensure reflective time at the end of each meeting (board and committee):
  (i) When were participants at our best?
  (ii) How were the papers?
  (iii) How good was the challenge? Did it triangulate? Were the 'so what' questions asked?
  (iv) Was a difference made?
  (v) What could members have done better?
  (vi) Which quadrants were the discussions in?

A further discussion will be held with Board Members to incorporate these actions into the work of the Board over the next 12 months.

4. FINANCIAL IMPLICATIONS

There are no financial implications arising from this report or its recommendations.

5. RECOMMENDATION

Members are asked to:

- **DISCUSS** the findings of the board effectiveness assessment;
- **CONSIDER** and **AGREE** the proposed action plan.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☐
Quality, Safety and Patient Experience		
Ensuring the board carries out its business appropriately and aligned with standing orders is a key factor in the quality, safety and experience of patients receiving care.		
Financial Implications		
There are no financial implications for the board to be aware of.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications for the board to be aware of.		
Staffing Implications		
There are no staffing implications for the board to be aware of.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The development of the board will provide a robust and sustainable organisation to support the communities it services.		
Report History	Annual report to the board	
Appendices	Appendix 1 – maturity matrix; Appendix 2 – proposed action plan	

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Board Self-Assessment Maturity Matrix

Progress Levels ➡ **Key Elements** ⬇	**BASIC LEVEL** Principle accepted and commitment to action	**EARLY PROGRESS** Early progress in development	**RESULTS** Initial achievements achieved	**MATURITY** Results consistently achieved	**EXEMPLAR** Others learning from our consistent achievements
PURPOSE AND VISION	The roles of all board members and the health board leadership team are documented, however, there may not be complete clarity in all areas. No clear vision for the future or there are competing visions. The need for a clear vision is recognised.	The roles of all board members and the health board leadership team are documented, and there is clarity of role, responsibility. A clear vision for the organisation has been developed with staff and stakeholders and is documented and communicated to staff and stakeholders. An induction and development programme is in place for Board members and all health board employees reinforcing the shared purpose.	There is a clear vision that is stretching but achievable. The vision for the organisation is embedded and owned by staff and stakeholders, with a supporting long term strategy and action plans. The roles of all board members and the health board leadership team are documented, and there is clarity of role, responsibility. Staff understand who does what, why across the organisations leadership functions, with clarity of accountability and responsibility at all levels. An induction and development programme is in place for Board members and all health board employees, reinforcing the shared purpose.	A clear vision for the organisation is documented and communicated to staff and stakeholders, with supporting long term strategy and action plans. Staff know and understand the vision, values and strategy and their role in achieving them. Leaders tell a consistent story, with healthy challenge as needed to create the right environment for change. The roles of all board members and the health board leadership team are documented, and there is clarity of role, responsibility. Staff understand who does what, why across the organisations leadership functions, with clarity of accountability and responsibility at all levels. An induction and development programme is in place for Board members and all health board employees, reinforcing the shared purpose. The board/leadership team are leading, rather than following agendas.	A clear vision for the organisation is documented and communicated to staff and stakeholders, with supporting long term strategy and action plans. The vision is embedded in everything people do, it flows from the top to the bottom and is aligned to patient outcomes. The roles of all board members and the health board leadership team are documented, and there is clarity of role, responsibility. Staff understand who does what, why across the organisations leadership functions, with clarity of accountability and responsibility at all levels. The board/leadership team are leading, rather than following agendas. The board is recognised within the organisation and by partners for joined up decision making and having clarity on purpose and direction. Staff know and understand the vision, values and strategy and their role in achieving them. Progress against delivering the strategy and local plans are monitored, reviewed and communicated to staff and stakeholders and there is evidence of this.

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VALUES AND BEHAVIOURS	Values and behaviours within the organisation are inconsistent. The need for organisational values co-produced with staff and stakeholders is recognised but not necessarily in place. Staff safety and wellbeing is recognised as important.	Defined values and behaviours within the organisation are emerging. Organisational values are in place, with input from staff and stakeholders in developing and agreeing the values. Staff safety and wellbeing is prioritised.	Co-produced organisational values and behaviours are defined. These are understood by staff and starting to be embedded into systems and processes. Staff feel positive and proud to work for the organisation. There is a strong emphasis on the safety and wellbeing of staff.	Staff behaviour reflects the known organisational values, these are clearly linked to the Organisational Strategy and Operating model. Staff feel able to speak up at all levels. There is a strong emphasis on the safety and wellbeing of staff, with numerous mechanisms for staff wellbeing opportunities. Staff feel positive and proud to work for the organisation. The organisational culture supports openness and honestly at all levels within the organisation.	Employees across the organisation are empowered to live by our values and behaviours. This is clearly evidenced. Ways of working needed for the future are adopted across the organisation. Staff are proud to be advocates of the organisational values. The organisational culture supports openness and honestly at all levels within the organisation. Organisational learning is an organisational priority and embedded across the organisation.
BOARD ASSURANCE AND RISK MANAGEMENT	Risk management is in place, but not systematically used across the health board. Board Assurance Framework (BAF) is recognised as required but may not be up to date. Board committees exist to support the Board in a scrutiny function.	Risk management arrangements are in place for identifying, recording, managing risks across the organisation. A Board Assurance Framework (BAF) is in place and drives Board discussions on risk and confidence in assurance mechanisms and assurance in place. The Board committees are proportionate in their scrutiny of quality, resources, performance	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation. A Board Assurance Framework (BAF) is in place and drives Board discussions with a good understanding of assurance gaps and work progressing to address these. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality strategy and Quality and Safety framework.	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation, with risks managed from ward to board through clear escalation arrangements. The board have developed and articulated their risk appetite. A Board Assurance Framework (BAF) is in place and drives Board discussions with a good understanding of assurance, with limited gaps to address. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality and Safety framework.	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation, with risks managed from ward to board through clear escalation arrangements. The board have developed and articulated their risk appetite. A Board Assurance Framework (BAF) is in place and drives Board discussions with a complete understanding of assurance in place, with few/no gaps in assurance to address. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality and Safety framework, using sub-groups to improve oversight of Q&S across the whole organisation.

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Board Self-Assessment Maturity Matrix

Progress Levels ➡ **Key Elements** ⬇	**BASIC LEVEL** Principle accepted and commitment to action	**EARLY PROGRESS** Early progress in development	**RESULTS** Initial achievements achieved	**MATURITY** Results consistently achieved	**EXEMPLAR** Others learning from our consistent achievements
GOVERNANCE	Governance assurance systems are in place, but not necessarily clearly understood by all. The health board recognises the need for clear lines of accountability and responsibility for quality and patient safety from Board to Service Group, Directorate. Complaints and concerns are acknowledged and responded to, but not necessarily in a timely manner. The need for Serious Incidents to be identified, reported and investigated is recognised.	There are clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes. The health board has clear lines of accountability and responsibility for quality and patient safety from Board to Service Groups, Directorate Complaints and concerns are acknowledged and managed in a timely manner. All Serious Incidents are identified, reported and investigated.	There are clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes. These structures and processes are regularly reviewed and improved. The health board has clear lines of accountability and responsibility for quality and patient safety from Board to Service Groups, Directorate. The form and function of the divisional/group/directorate quality and safety and governance groups are clearly defined and in place. Complaints and concerns are managed in a timely manner and provide learning and information service planning. All Serious Incidents are identified, reported and investigated. A culture of staff reporting patient safety incidents for learning and improvement is embedding.	There are clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes. These structures and processes are regularly reviewed and improved, with cross directorate/locality organisational learning. The health board has clear lines of accountability and responsibility for quality and patient safety from Board to Division, Groups, Directorate. The form and function of the divisional/group/directorate quality and safety and governance groups are clearly defined and in place. Individual roles and responsibilities are supported by a clear meeting structure. Complaints and concerns are managed in a timely manner and drive learning and service planning. All Serious Incidents are identified, reported and investigated. A culture of staff reporting patient safety incidents for learning and improvement is embedded across the health board.	There are clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes. These structures and processes are regularly reviewed and improved, with cross directorate/locality organisational learning, as well as learning from elsewhere. The health board has clear lines of accountability and responsibility for quality and patient safety from Board to Division, Groups, Directorate. The form and function of the divisional/group/directorate quality and safety and governance groups are clearly defined and in place. Individual roles and responsibilities are supported by a clear meeting structure and decision making powers. Complaints and concerns are managed in a timely manner and drive learning and service planning, across directorates and localities. All Serious Incidents are identified, reported and investigated. A culture of staff reporting patient safety incidents for learning and improvement is embedded across the health board. Learning from SIs is systematically shared.

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Board Self-Assessment Maturity Matrix

Progress Levels ➡ **Key Elements** ⬇	**BASIC LEVEL** Principle accepted and commitment to action	**EARLY PROGRESS** Early progress in development	**RESULTS** Initial achievements achieved	**MATURITY** Results consistently achieved	**EXEMPLAR** Others learning from our consistent achievements
QUALITY	The health board recognises the need for a clear quality strategy. The health board recognises the need to quality impact assess key decisions. The health board receives some information to drive quality care and provide assurance that services are safe, and takes account of patient experience, outcomes. Information on quality is variable and used to provide assurance around quality of care.	The health board has a quality strategy, with clear quality priorities. A quality impact assessment process is in place. The health board receives high quality information to provide assurance that services are safe, and takes account of patient experience, outcomes. Information on quality is improving, and well summarised to provide assurance around quality of care.	The health board has a quality strategy, with clear quality priorities, that integrates into and drives our overall organisational strategy. A quality impact assessment process is in place and drives quality based decisions. The health board receives high quality intelligence and information through both soft and hard sources to provide assurance that services are safe, and takes account of patient experience, outcomes, and quality improvement. Information on quality is of high quality, with limited data quality issues, is well summarised to provide assurance around quality of care.	The health board has a quality strategy, with clear quality priorities, that integrates into and drives our overall organisational strategy. All staff are aware of the quality priorities. A quality impact assessment process is embedded and all major decisions are made based on quality impact considerations. The health board receives high quality intelligence and information through both soft and hard sources to provide assurance that services are safe, and takes account of patient experience, outcomes, and quality improvement. Assurance sources are both internal and external and reinforce the same picture. Information on quality is of high quality, with no data quality issues, is well summarised and triangulated to provide assurance around quality of care.	The health board has a quality strategy, with clear quality priorities that integrates into and drives our overall organisational strategy. All staff are aware of the quality priorities. A quality impact assessment process is embedded and the health board is seen as an exemplar in its approach to making decisions putting quality and patient safety at the forefront. The health board receives high quality intelligence and information through both soft and hard sources to provide assurance that services are safe, and takes account of patient experience, outcomes, and quality improvement. Assurance sources are both internal and external and reinforce the same picture. Regulators use the assurance as examples of good practice for elsewhere. Information on quality is of high quality, with no data quality issues, is well summarised and triangulated to provide assurance around quality of care. The information quality is held up as an exemplar for peers.

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Board Self-Assessment Maturity Matrix

Progress Levels → / Key Elements ↓	BASIC LEVEL Principle accepted and commitment to action	EARLY PROGRESS Early progress in development	RESULTS Initial achievements achieved	MATURITY Results consistently achieved	EXEMPLAR Others learning from our consistent achievements
MONEY/VALUE FOR MONEY	Budget, cost pressures and efficiency targets are clearly identified and understood by the Board.	All in-year plans are costed and trajectory of spend / savings have been established to achieve breakeven / target. Quality implications are robustly tested.	The organisation has a record of meeting planned cost reductions / CIPs and agreed investments, whilst rejecting proposals with an unacceptable impact on quality. Unexpected in year pressures are identified and the Board show timely reprioritisation of deliverables.	Our services consistently run under benchmark cost. Headroom is created for developments / improvements. The Board is demonstrably reinvesting whole budget, rather than being limited by 'affordability' at margins.	We successfully leverage wider community resources to improve service delivery and outcomes.
PERFORMANCE REPORTING	Performance information gives a view of at least basic expected outcomes, outputs and inputs The performance measures in the framework are logically structured Performance data are collected throughout the organisation A performance report is provided to the Board	Performance measures show how the organisation is progressing towards achieving strategic objectives The framework shows how enablers (inputs and processes) contribute to strategic objectives Data are controlled for accuracy, reliability, validity and robustness Performance information is reported in a timely fashion to higher levels of the organisational hierarchy The Board monitors consequences and impacts of the performance reports The Board discusses performance information with senior management The board ensures staff understand how they contribute to strategic objectives	Performance reports are coherently structured and easily understood Graphs, status rating and explanatory notes allow the reader to focus on the most important issues and identify senior responsible owners The Board queries the effectiveness of activities, focusing on problem solving and generating learning Performance information is used to prioritise resources The organisation reports aligned performance and cost information Graphs, status ratings (eg.RAGs) and explanatory notes allow the reader to focus on the most important issues and identify senior responsible owners Performance information is used to prioritise resources	The Board systematically receives reports from stakeholders providing feedback of impact of plan implementation. A line of sight links lower level objectives with high level strategic objectives Corporate and Service Group individual performance measures are connected to the corporate performance measurement framework The organisation reports integrated performance and cost information The Board uses Vfm information to make strategic decisions about whether or not to engage in areas of activity	The Board benchmarks as a national leader in terms of positive impact on local health economy. Statistical analysis evidences the relations between key performance drivers Selection of performance measures is based on the impact on outcomes Analysis and reporting promotes cost-effectiveness by providing option appraisal to assist in decision making Reports give insight into what has influenced performance, as well as describing performance achieved The Board creates opportunities and incentives for staff to drive continuous performance improvement There is a feedback mechanism that enables the framework itself to be altered to take account of changing business needs Performance data inform debate of the marginal costs/benefits of activities and are used to drive allocative efficiency

PATIENT AND PUBLIC ENGAGEMENT AND INVOLVEMENT	Patient and public involvement is limited. Limited opportunity for two way communication and feedback with patients and citizens. Public consultation takes place for significant service change, where required.	There is some understanding of the benefit patient and public involvement brings. Collaborative (information giving, listening, involving, engaging) behaviour isn't yet commonplace. Use of some tools to engage patients and the public (e.g. social media and digital). Ongoing engagement takes place for significant service change, leading to public consultation where required.	The benefit of patient and public involvement is well understood across the organisation. Collaborative behaviour commonly takes place. A number of tools regularly used to engage patients and the public. Ongoing patient and public engagement takes place for all significant service changes. Public and patient involvement activity is becoming common place for most areas.	The benefit of patient and public involvement is well understood and embedded across the organisation. Collaborative behaviour is embedded within the organisation. A range of tools commonly used to engage and involve patients and the public. Ongoing patient and public engagement takes place for all significant service changes (and many non-significant service changes), co-producing outcomes. Patient and public involvement is ongoing and embedded into how the health board operates.	The benefit of patient and public engagement is well understood and embedded across the organisation. Collaborative behaviour is embedded within the organisation. A wide range of tools are an embedded way to engage and involve patients and the public. All service changes (significant and non-significant) are co-produced with patients and members of the public, with ongoing involvement and engagement embedded throughout the organisation. Ongoing patient and public involvement is tacitly built into how the health board operates.
APPRAISAL PROCESS OF DIRECTORS AND OTHER FEEDBACK	Board member roles are understood and explicit	A board induction and development process is in place and working. An annual board review has been conducted and actioned. Annual review and director appraisal has informed current board development programme which is clearly actioned.	Systematic feedback is sought on the added value of board. Third party views are included in the annual board review process.	The Board is recognised as adding value.	The Board is recognised 'as public appointment of choice'

Board Self-Assessment Maturity Matrix

The table below shows how the maturity matrix five criteria levels can be used to assess each of the criteria. In order to demonstrate improvement the UHB must clearly evidence progress moving up the maturity matrix.

Criteria	Definition
1 Basic Level Principle accepted and commitment to action	Health Board is aware of the requirement but is unable to demonstrate meeting it and/or cannot evidence clear plans or approaches to meet the criteria.
2 Early Progress Early Progress in development	The Health Board recognises what is required for the criteria. The Health Board is able to evidence being able to meet *some* of the criteria but cannot evidence being able to meet all aspects in full. The Health Board plans to meet all the criteria in full
3 Results Initial achievements realised	The Health Board meets some of the criteria, in-line with its agreed milestones, it has clear and credible plans to continually and sustainably improve service provision.
4 Maturity Results consistently achieved	The Health Board meets all the criteria to a high standard, can evidence many examples of good practice against the criteria which are routinely shared and adopted by others.
5 Exemplar Others learning from our consistent achievements	The Health Board's excels at all criteria, service provision and patient experience is excellent. The Health Board is leading the strategic agenda through the implementation of innovative practice that is shared with other Health Boards and beyond the organisation to others, enabling realisation of long term sustainability.

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Board Effectiveness Assessment Action Plan

Action Number	Criteria Area	Action	Lead	Timescale	Progress	Status (red – off track, amber – on track, green - completed)
1.	Purpose and Vision	Vision, strategy and costs for the executive team arrangements be clarified to enable to the Board to move towards delivery of the recovery and sustainability plan for the next three years.	Chief Executive	August 2021		
2.	Values and Behaviours	The organisational cultural survey combined with the public sector and staff surveys to be used to establish how the values are embedded in the organisation.	Director of Workforce and OD	October 2021		
3.	Values and Behaviours	Just Culture and other programmes to be incorporated into a single Swansea Bay organisational development programme, with progress measured through the Workforce and OD Committee	Director of Workforce and OD	October 2021		
4.	Governance	Governance arrangements established as part of the pandemic be reviewed to improve internal systems, including the redesign of committees to focus on key priorities relating to recovery, sustainability and annual plan deliverables.	Director of Corporate Governance	July 2021		
5.	Quality	A dashboard be developed which sets out the quality impacts of performance for patients.	Director of Finance	August 2021		
6.	Quality	The quality strategy be developed, taking into account consideration of the impact of the new Quality Bill and key areas of quality.	Director of Nursing and Patient Experience	October 2021		
7.	Money/Value for Money	Consideration be given by the Performance and Finance Committee to the action and assurance needed to progress to the next matrix level)	Director of Finance	September 2021		
8.	Money/Value for Money	Greater assurance to be provided to the Board as to the identification and delivery of cost improvement schemes (CIPs)	Director of Finance	September 2021		
9.	Performance Reporting	Roles of the committees (Performance and Finance, Workforce and Quality and Safety) to be re-focused to support the performance management framework. Performance and Finance Committee to focus on operational performance, use of workforce and money; Quality and Safety Committee on patient access, experience and outcomes and Workforce and OD on strategic workforce and organisational development	Director of Corporate Governance	October 2021		

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10.	Patient and Public Engagement and Involvement	Director of Communications to review engagement strategy and resources to improve engagement and service change in 2021-22.	Director of Communications	September 2021		
11.	Patient and Public Engagement and Involvement	Commencement of a holistic approach to engagement, communication and involvement of the public including experience, complaints, engagement, involvement and regular communication with the public (Director of Communications by January 2022).	Director of Communications	January 2022		
12.	Appraisal Process of Directors and Other Feedback	Board development programme be established (including specific board level training, away days and briefings programme).	Director of Corporate Governance	October 2021		
13.	Appraisal Process of Directors and Other Feedback	Executive development programme to be developed alongside the wider board development	Director of Corporate Governance	October 2021		
14.	Scrutiny and Assurance	Board should start where committees end: (i) More comprehensive update from committees at board. What did they challenge and what assurances did they receive? (ii) Papers to be clear, with trends and future focused; (iii) All board members expected to fully read all papers; (iv) Because papers are clearer, executive introduction should be very limited (30 seconds introduction) allowing for greater discussion.	Director of Corporate Governance	August 2021		
15.	Scrutiny and Assurance	At the end of a discussion, members should ask themselves "so what"?	Board Members	August 2021		
16.	Scrutiny and Assurance	Re-circulate the slide on powerful questions to support more effective challenge in meetings. Powerful questions: (i) Generate curiosity and invite creativity (ii) Focus inquiry and stimulate reflective conversations (iii) Are thought provoking and surface underlying assumptions	Director of Corporate Governance	August 2021		
17.	Scrutiny and Assurance	Undertake a review of our minutes – do they provide an adequate evidence base?	Director of Corporate Governance	August 2021		

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18.	Scrutiny and Assurance	Ensure reflective time at the end of each meeting (board and committee): (i) When were participants at our best? (ii) How were the papers? (iii) How good was the challenge? Did it triangulate? Were the 'so what' questions asked? (iv) Was a difference made? (v) What could members have done better? (vi) Which quadrants were the discussions in?	Chair and Committee Chairs	August 2021		
19.	Board Assurance and Risk Management	Finalise and embed the board assurance framework	Director of Corporate Governance	July 2021	To be progressed as part of the annual plan	
20.	Board Assurance and Risk Management	Further develop the health board risk register and mitigation, including a board debate on risk appetite	Director of Corporate Governance	July 2021	To be progressed as part of the annual plan	
21.	Board Assurance and Risk Management	ACTION – both the risk register and board assurance framework to be driving the roles of the committees (Director of Corporate Governance by March 2022).	Director of Corporate Governance	March 2022	To be progressed as part of the annual plan	
22.	Performance Reporting	The performance management framework be implemented.	Director of Finance	July 2021	To be progressed as part of the annual plan	